## EXHIBIT C

Case 06-10725-gwz Doc 9071-3 E	ntered 09/15/11 15:36:21 Page 2 of 11
UNITED STATES BANKRUPTCY COURT PR DISTRICT OF NEVADA	OOF OF C'LAIM
Name of Debtor Case N	umber
0/0	-5-06-10725LBC
NOTE' See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense ansing after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars
BOBBIE MARRS IRA 5/53 BEDROCK SPRINGS AVE LAS VEGAS NV 89131-3933	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT
Craditar Talaphana Niumbar (	Check box if this address differs from the address on the envelope sent to you by the court  ONE OF THE DEBTORS  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY
Creditor Telephone Number ( )  Last four digits of account or other number by which creditor identifies debtor	THIS SPACE IS PORTOCKY OSE ONE!
	Check here replaces or a previously filed claim dated amends
	benefits as defined in 11 U S C § 1114(a)
1 O a u u u a u a u a u a u a u a u a u a	salaries and compensation (fill out below)  Other claims against service (not for loan balances)
Last to	ur digits of your SS # 9496 (not for loan balances)  compensation for services performed from 401 to 2506
	(date) (date)
	COURT JUDGMENT, DATE OBTAINED
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best des See reverse side for important explanations	cribe your claim and state the amount of the claim at the time case filed
UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is	
entitled to priority	Brief description of collateral
UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is	Real Estate Motor Vehicle Other
entitled to priority	Value of Collateral \$ 3 000 000
Amount entitled to priority \$	Amount of arrearage and other charges at time case filed included in secured claim, if any \$
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	services for personal family or household use 11 U S C § 507(a)(7)  Taxes or penalties owed to governmental units 11 U S C § 507(a)(8)
business whichever is earlier - 11 U S C § 507(a)(4)	Other Specify applicable paragraph of 11 U S C § 507(a) ( )
Contribution to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$	\$ 59 146 \$ 58 946
	(Secured) 63/39, 45 (priority) 63/39 (Figure)
	al amount of the claim Attach itemized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , running accounts, contracts court judgments, mortgages security agreeme DOCUMENTS If the documents are not available explain. If the documents	such as promissory notes purchase orders invoices itemized statements of nts and evidence of perfection of lien DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim	
The original of this completed proof of claim form must be sent by mai ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporat governmental units)	ing Pacific time, on November 13, 2006 USE ONLY
BY MAIL TO BMC Group BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center	OOR OVERNIGHT DELIVERY TO OUP FILED OCT 0 5 2006  SACM Claims Docketing Center ast Franklin Avenue
El Segundo CA 90245-0911 El Segu	ndo CA 90245
SIGN and print the name and title if any of the creditor this claim (attach copy of power of atterpley if any	or other person authorized to file USA CMC
10/2/05 Bobbee hans	1072500445

Case 06-10725-dwz Doc 907	1-3 Ent	ered 09/15/11 15:3	6:21 Page	3 of 11
				Oak Valley
Name of Debtor	Case Nu	Case Number		00
USA Commercial Mortgage Company	06-107	725-LBR	150	000
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative earising after the commencement of the case A "request" for payme administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address	232	statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the court	DO NOT FILE THIS SECURED INTERE ONE OF THE DEBT	dy filed a proof of claim with the r BMC you do not need to file again
Creditor Telephone Number ( )		Court	THIS SPACE	IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifie	es debtor	Check here	a previousiy fi	iled claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	☐ Wages, s	salanes and compensation (i	fill out below)	Other claims against service
Services performed Taxes	Last four	digits of your SS#	4792	(not for loan balances)
Money loaned Other (describe briefly)	Unpaid c	ompensation for services per	rformed from _	to(date)
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes See reverse side for important explanations	that best descri	be your claim and state the amou	unt of the claim at the	e time case filed
UNSECURED NONPRIORITY CLAIM \$		SEÇURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or exceeds the value of the property securing it or if c) none or only part o entitled to priority		a right of setoff)		d by collateral (including
UNSECURED PRIORITY CLAIM		Brief description of		_
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$ _Cin	Known
Amount entitled to priority \$  Specify the priority of the claim		Amount of arrearage ar secured claim if any	nd other charges	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B	) 🗖			
Wages salaries or commissions (up to \$10 000)* earned within 180 da	· <u>L</u>	Up to \$2 225* of deposits towa services for personal family o	r household use -11	USC § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		Taxes or penalties owed to gov	vernmental units - 11	USC § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other - Specify applicable para		
= 3 con (a)(o)		* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$	50	000 \$		\$ 50000
AT TIME CASE FILED (unsecured)	(s	ecured)	( pnonty)	(Total)
Check this box if claim includes interest or other charges in addition to				<u>-</u>
6 CREDITS The amount of all payments on this claim has been c 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting do</u> running accounts, contracts court judgments, mortgages, securit DOCUMENTS If the documents are not available explain. If the	ocuments, su by agreements e documents	ch as promissory notes purc s, and evidence of perfection are voluminous attach a sun	hase orders, involution of lien DO NOT namery	ces itemized statements of SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of proof of claim				envelope and copy of this
The original of this completed proof of claim form must be so ACCEPTED) so that it is actually received on or before 5 00 p for each person or entity (including individuals, partnerships governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center	om, prevailing s, corporation BY HAND ( BMC Grou	g Pacıfic tıme, on Novembens, joint ventures, trusts and OVERNIGHT DELIVERY TO	or 13, 2006 d	THIS SPACE FOR COURT USE ONLY
P O Box 911	1330 East	Franklin Avenue	1 1661	
El Segundo CA 90245-0911  DATE  SIGN and print the name and title if any of		other person outhorized to file		
this claim (attach copy of power of att	tomey if any)	outer person authorized to file	·	USA CMC
				1072500581

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both, 18 U S C §§ 152 AND 3571

UNITERS A SERVICE COUNTY COUNTY	PRC	OF OF CLAIM	o.zı Pag	<u>e 4 01 11</u>
	TROOF OF OLAHVI		C. L.	Dak velky
Name of Debter	Casa Number		p, 05/8	our viery
Name of Debtor	Case Number		Alam	000
USA Commercial Mortgage Company	06-107	'25-LBR	100,0	100
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp	ense	Check box if you are		
ansing after the commencement of the case A "request" for payment	of an	aware that anyone else has	IE VOU ARE ON!	Y OWED MONEY BY A BORROWER
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim. Attach copy of	WHOSE LOAN IS	BEING SERVICED BY THE
Name of Creditor and Address	Ω	statement giving particulars	OF CLAIM THIS	OO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT
	•	Check box if you have never received any notices	BORROWER HEL	D IN THE COLLECTION ACCOUNT
335 DESERT MEADOW COURT		from the bankruptcy court or		IS PROOF OF CLAIM FOR A
RENO NV 89502		BMC Group in this case	SECURED INTER   ONE OF THE DEI	EST IN A BORROWER THAT IS NOT BTORS
		Check box if this address differs from the address on the		eady filed a proof of claim with the
		envelope sent to you by the court	, ,	or BMC you do not need to file again
Creditor Telephone Number (77) \$56 320/ Last four digits of account or other number by which creditor identifies of	debtor		THIS SPACE	E IS FOR COURT USE ONLY
Last four digits of account of other number by which detailed identifies t	debioi	Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages s	salanes and compensation (	fill out below)	Other claims against servicer
Services performed Taxes	Last four	digits of your SS# 22	98	(not for loan balances)
Money loaned	Unpaid c	ompensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED August 2004	Is IF C	OURT JUDGMENT, DATE C	RTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		u u mar a marin a marin		he time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$	. vo. m olema		our claim is secur	ed by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your claim.	our claim is	a nght of setoff)		
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of		
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority Value of Collateral \$ <u>unknown</u>			Known	
Amount entitled to priority \$		Amount of arrearage at secured claim if any	nd other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	D	Known
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salanes or commissions (up to \$10 000)* earned within 180 days	. LJ	Up to \$2 225* of deposits towa services for personal family of		
before filing of the bankruptcy petition or cessation of the debtor's	· 🗆	Taxes or penalties owed to go	vernmental units - 1	11 U S C § 507(a)(8)
business whichever is earlier - 11 U S C § 507(a)(4)		Other - Specify applicable para		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adju- with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$	1/30	<del>000</del> \$		\$ 100000
AT TIME CASE FILED (unsecured)	(s	ecured)	( рпопty)	(Total)
Check this box if claim includes interest or other charges in addition to the	he principal	amount of the claim Attach ite	mized statement o	f all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred	dited and d	leducted for the purpose of n	naking this proof	of claim
7 SUPPORTING DOCUMENTS Attach copies of supporting docu	<u>uments,</u> su	ich as promissory notes pure	chase orders inve	oices itemized statements of
running accounts contracts court judgments, mortgages, security a DOCUMENTS If the documents are not available, explain. If the documents are not available, explain.				T SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim			•	envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm				THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships, o				JOE CHE!
governmental units) BY MAIL TO BMC Group	BY HAND	OR OVERNIGHT DELIVERY TO		
BMC Group Attn USACM Claims Docketing Center	BMC Gro	up .CM Claims Docketing Cente		D OCT 13 2006
P O Box 911	1330 East	t Franklın Avenue	FIL	D 001 T 0 E000
El Segundo CA 90245-0911  DATE  SIGN and print the name and trije if apy of the	ne creditor or	do CA 90245		110.4.00.00
this claim (attach copy of power of attor	ney many)	1 11 -	11	USA CMC
10/01/06		William 1 Me	Augh	1072500580
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisorne	ent for up to	5 years or both 18 USC §§	152 AND 3571	

PROOF OF CLAIM Name of Debtor Case Number USA Commercial Mortgage Company 06-10725-LBR NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense Check box if you are ansing after the commencement of the case. A "request" for payment of an aware that anyone else has IF YOU ARE ONLY OWED MONEY BY A BORROWER filed a proof of claim relating administrative expense may be filed pursuant to 11 U S C § 503 to your claim Attach copy of WHOSE LOAN IS BEING SERVICED BY THE Name of Creditor and Address statement giving particulars DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM THIS INCLUDES MONEY FROM THAT 11321242037557 **BORROWER HELD IN THE COLLECTION ACCOUNT** Check box if you have MULKEY LAURA never received any notices 2860 AUGUSTA DRIVE from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A LAS VEGAS NV 89109 BMC Group in this case SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS Check box if this address if you have already filed a proof of claim with the differs from the address on the Bankruptcy Court or BMC you do not need to file again envelope sent to you by the Creditor Telephone Number ( 7 court THIS SPACE IS FOR COURT USE ONLY 734-5698 Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated or amends if this claim 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal ☐ Goods sold Personal injury/wrongful death Other claims against servicer Wages salaries and compensation (fill out below) Services performed Taxes (not for loan balances) Last four digits of your SS # Money loaned Other (describe briefly) Unpaid compensation for services performed from \_ to (date) 2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM UNSECURED NONPRIORITY CLAIM \$ Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Bnef description of collateral UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim, all or part of which is entitled to priority Value of Collateral 7 \$ Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim if any \$ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225\* of deposits toward purchase lease or rental of property or services for personal family or household use 11 U S C § 507(a)(7) Wages salanes or commissions (up to \$10 000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) business whichever is earlier 11 USC § 507(a)(4) Other - Specify applicable paragraph of 11 U S C § 507(a) ( Contributions to an employee benefit plan 11 U S C § 507(a)(5) \* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM 175,000 7*5*, 800 AT TIME CASE FILED (unsecured) (secured) (pnonty) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain if the documents are voluminous, attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim The onginal of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center FILED NOV 0 6 2006 P O Box 911 1330 East Franklin Avenue El Segundo CA 90245-0911 El Segundo CA 90245 DATE SIGN and print the name and title if any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any) Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 10

Case 06-10725-gwz Doc 9071-3 Entered 09/15/11 15:36:21 Page 5 of 11

PRO Security PRO	DOF OF CLAIM	
Name of Debtor Case No	umber	
USA COMMERCIAL MORTGAGE CO CO.	-10725 LBIR	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense	Check box if you are	
ansing after the commencement of the case A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503	aware that anyone else has filed a proof of claim relating to	
Name of Creditor and Address	statement giving particulars	
Name of Creditor and Address NANCY N LAFLEUR, A MARRIED WOMAN TRANSFER ON DEATH TO STEMEN M. TRANSFER ON DEATH TO STEMEN M. LAFLEUR AND JAMES R.LAFLEUR LAFLEUR AND JAMES R.LAFLEUR 4508 GRENTILLE AVENUE 4508 GRENTILLE AVENUE	Check box if you have	
TENNIFER ON DEATH TO STEMPLE	never received any notices from the bankruptcy court or DO NOT FILE THIS PROOF OF CLAIM FOR A	
LAFIGUR AND JAMES KICH	BMC Group in this case SECURED INTEREST IN A BORROWER THAT	IS NOT
2508 GRENTILLE AVENUE	Check box if this address on the differs from the address on the	he
9508 CHESAS, NV 89134	envelope sent to you by the bankruptcy court of BMC you do not need to ne	
Creditor Telephone Number ( )	THIS SPACE IS FOR COURT USE ON	ILY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces a previously filed claim dated	
7529	if this claim amends	
	benefits as defined in 11 U S C § 1114(a)  Unremitted principal	
Goods sold Personal injury/wrongful death Wages	salaries and compensation (fill out below)	servicer
	ir digits of your SS# (not for loan balances)	
Money loaned Other (describe briefly) Unpaid	compensation for services performed from	
2. DATE DEBT WAS INCURRED /- 6 2006 3 IF 0	COURT JUDGMENT, DATE OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best desc See reverse side for important explanations	onbe your claim and state the amount of the claim at the time case filed	
UNSECURED NONPRIORITY CLAIM \$ //5000.00	SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority		
UNSECURED PRIORITY CLAIM	Real Estate Motor Vehicle Other	
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral \$ UNKNOWN	
Amount entitled to priority \$	Amount of arrearage and other charges, at time case filed included	m
Specify the pnority of the claim	secured claim if any \$ 1/5,200.00	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225° of deposits toward purchase lease or rental of property or services for personal family or household use -11 U S C § 507(a)(7)	
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)	
business whichever is earlier 11 U.S.C. § 507(a)(4)	Other - Specify applicable paragraph of 11 U S C § 507(a) ()	
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment	
5 TOTAL AMOUNT OF CLAIM \$ //500.00 \$ //5%	\$ (5,00.0)	9
AT TIME CASE FILED	(secured) (pnonty) (Total)	
Check this box if claim includes interest or other charges in addition to the principal		rges
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS Attach copies of supporting documents.		of
running accounts contracts court judgments mortgages security agreement DOCUMENTS If the documents are not available explain. If the documents	nts and evidence of perfection of lien DO NOT SEND ORIGINAL	
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim	your claim enclose a stamped self-addressed envelope and copy of this	
The original of this completed proof of claim form must be sent by mail		URT
ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporation).		
governmental units) BY MAIL TO BMC Group BMC G	D OR OVERNIGHT DELIVERY TO	
	SACM Claims Docketing Center FILED JAN 1 8 2007	
P O Box 911 1330 Ea	ist Frankiii Averiue	
	ndo CA 90245	
DATE SIGN and print the name and title if any of the creditor this claim (attach copy of power of attorney if any		
1-12-07 Given These Erven	T. NELSON, A 774	

Case 06-10725-gwz Doc	9071-3 F	ntered 09/15/11 15:3	86·21 Page	e 7 of 11
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA		OOF OF CLAIM		
Name of Debtor	Case I	Number	i	
USA Commercial Mortgage Company FIESTA OAK YALLEY	06-1	0725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers				
This form should not be used to make a claim for an administration after the commencement of the case A'request" for administrative expense may be filed pursuant to 11 U S C § 8	payment of an	Check box if you are aware that anyone else has filed a proof of claim relating		Y OWED MONEY BY A BORROWER
Name of Creditor and Address  PIRANI, ALI 13174 N 100TH PLACE SCOTTSDALE AZ 85260	42038004	to your claim Attach copy of statement giving particulars.  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the	DEBTORS YOU D OF CLAIM THIS I BORROWER HEL  DO NOT FILE THIS SECURED INTERI ONE OF THE DEB  If you have aire	BEING SERVICED BY THE OF MOTHER PROOF INCLUDES MONEY FROM THAT DO IN THE COLLECTION ACCOUNT  SPROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT BTORS  ady filed a proof of claim with the DOTHER PROOF OF CLAIM FOR SHEET OF BMC you do not need to file again
Creditor Telephone Number (480) 767-1290		court	THIS SPACE	IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor in 2266	dentifies debtor	Check here replain or amer	a previously	filed claim dated
1 BASIS FOR CLAIM	□ Botus	e benefits as defined in 11 U S		П п
☐ Goods sold ☐ Personal injury/wrongful de ☐ Services performed ☐ Taxes ☐ Money loaned ☐ Other (describe briefly)	eath Wages Last fo	s salaries and compensation ( our digits of your SS#	fill out below)	Unremitted principal Other claims against servicer (not for loan balances)
	Onpaid	d compensation for services pe	rrormed from _	(date) to
2 DATE DEBT WAS INCURRED 06/15/04 4 CLASSIFICATION OF CLAIM Check the appropriate box or		COURT JUDGMENT, DATE Control of the		a time acce filed
See reverse side for important explanations	boxes that best des		unt of the claim at th	le time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM	our claim is soour	ad by colletoral (maludina
Check this box if a) there is no collateral or lien securing your clexceeds the value of the property securing it or if c) none or only entitled to priority	aım or b) your clair y part of your claim	7)   1821		ed by collateral (including
UNSECURED PRIORITY CLAIM		Real Estate		Other
Check this box if you have an unsecured claim all or part of white entitled to priority	ch is	Value of Collateral		Culei
Amount entitled to priority \$		Amount of arrearage ar	nd other charges	at time case filed included in
Specify the priority of the claim	(-)(4)(D)	secured claim if any		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or Wages salaries or commissions (up to \$10 000)* earned within		Up to \$2 225* of deposits toward services for personal family of the control o	ard purchase lease or household use -11	or rental of property or USC § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtor business whichever is earlier - 11 U S C § 507(a)(4)		Taxes or penalties owed to go	vernmental units - 1	1 U S C § 507(a)(8)
Contributions to an employee benefit plan - 11 U S C § 507(a)(	5)	Other - Specify applicable para * Amounts are subject to adjus		
5 TOTAL AMOUNT OF CLAIM \$	\$ 100 0	with respect to cases commen		
AT TIME CASE FILED (unsecured)	\$_100,0	(secured)	( pnority)	⊅(Total)
Check this box if claim includes interest or other charges in ad	dition to the princip	•		, ,
6 CREDITS The amount of all payments on this claim has a SUPPORTING DOCUMENTS Attach copies of suppor running accounts contracts, court judgments, mortgages DOCUMENTS If the documents are not available, explain	<u>rting documents.</u> security agreeme	such as promissory notes, pure	chase orders invo	ices, itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgm proof of claim			•	envelope and copy of this
The original of this completed proof of claim form must ACCEPTED) so that it is actually received on or before for each person or entity (including individuals, partner governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911	5 00 pm, prevail rships, corporat BY HAN BMC G Attn US 1330 Ea	ing Pacific time, on Novembe ions, joint ventures, trusts ar D OR OVERNIGHT DELIVERY TO	er 13, 2006 ad	THIS SPACE FOR COURT USE ONLY FILED OCT 3 1 2000
DATE SIGN and grift the name and title in this claim (attach copy of pow	f any of the creditor	or other person authorized to file		1072500890
017 21/2006	ALT PIRAN	/		
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or in	npnsonment for up t	o5years or both 18USC §§:	152 AND 3571	

	Intered 09/15/11 15:36:21 F	age 8 of 11
THE REPORT OF MEXAGE	OOF OF CLAIM	
Name of Debtor  Fusta Oak Valley  Case N	umber	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an	Check box if you are aware that anyone else has filed a proof of claim relating	
Name of Creditor and Address  11321241001671	to your claim Attach copy of statement giving particulars  Check box if you have	
POLACHECK & ASSOCIATES INC PROFIT SHARING PLAN DATED 2/20/73 C/O STEPHEN B POLACHECK TRUSTEE 4719 COMMONS WAY STE E	BMC Group in this case  SECURED INT ONE OF THE E	
CALABASAS CA 91302-3360  Creditor Telephone Number (\$18) 225-0600	envelope sent to you by the Bankruptcy Co	already filed a proof of claim with the urt or BMC you do not need to file again ACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces or a previous amends	sly filed claim dateo
Goods sold Personal injury/wrongful death Wages	benefits as defined in 11 U S C § 1114(a) salanes and compensation (fill out below) ir digits of your SS #	Other claims against services (not for loan balances)
	compensation for services performed from	to (date) (date)
2 DATE DEBT WAS INCURRED 6/15/04 3 IF ( 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best desc	COURT JUDGMENT, DATE OBTAINED  bribe your claim and state the amount of the claim a	at the time case filed
See reverse side for important explanations	SECURED CLAIM	
UNSECURED NONPRIORITY CLAIM \$  Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority	Check this box if your claim is see a right of setoff)  Brief description of collateral	cured by collateral (including
UNSECURED PRIORITY CLAIM	Real Estate  Motor Vehi	cle  Other
Check this box if you have an unsecured claim all or part of which is entitled to priority	Value of Collateral \$	
Amount entitled to priority \$  Specify the priority of the claim	Amount of arrearage and other charge secured claim if any	es <u>at time case filed</u> included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase leaservices for personal family or household use	se or rental of property or
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)	Taxes or penalties owed to governmental units	,
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	Other - Specify applicable paragraph of 11 U S * Amounts are subject to adjustment on 4/1/07 with respect to cases commenced on or after t	and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 10,000 00 \$ 100	00000	\$ \$40 000 00
Check this box if claim includes interest or other charges in addition to the principal	(secured) (pnonty) If amount of the claim Attach itemized statement	t of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited and 7 SUPPORTING DOCUMENTS Attach copies of supporting documents. running accounts, contracts, court judgments mortgages security agreemen DOCUMENTS If the documents are not available explain. If the documents	such as promissory notes purchase orders, its, and evidence of perfection of lien DO N	nvoices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the filing of proof of claim	your claim enclose a stamped self-address	ed envelope and copy of this
The original of this completed proof of claim form must be sent by mail ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporating governmental units)	ng Pacific time, on November 13, 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 1330 Fa	OR OVERNIGHT DELIVERY TO SUP ACM Claims Docketing Center st Franklin Avenue	FILED OCT 19 2006
	ndo CA 90245 or other person authorized to file	1072500633
11/10/11/11/11/11/11/11/11		

Case 06-10725-gwz Doc 9071-3	Entered 09/15/11 15:36:21 Page 9 of 11			
UNITED STATES BANKRUPTCY COURT PRODUCT OF NEVADA	ROOF OF CLAIM			
Iname of Deptor	Number			
USA Commercial Mortgage Company 06-1	0725-LBR			
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U S C § 503  Name of Creditor and Address	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the			
Creditor Telephone Number (719) 559 - 2696	court THIS SPACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor identifies debtor $4826$	Check here replaces or a previously filed claim dated amends			
1 BASIS FOR CLAIM Retire	be benefits as defined in 11 U S C § 1114(a)  Unremitted principal			
Goods sold Personal injury/wrongful death Wage	es, salaries and compensation (fill out below) Out digits of your SS #  Other claims against service (not for loan balances)			
The state of the s	d compensation for services performed from to			
2 DATE DEBT WAS INCURRED 3 II	(date) (date)  F COURT JUDGMENT, DATE OBTAINED			
	scribe your claim and state the amount of the claim at the time case filed			
See reverse side for important explanations	SECURED CLAIM			
UNSECURED NONPRIORITY CLAIM \$	Check this box if your claim is secured by collateral (including			
Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim	a right of setoff)			
entitled to priority UNSECURED PRIORITY CLAIM	Brief description of collateral			
Check this box if you have an unsecured claim all or part of which is	Real Estate Motor Vehicle Other			
entitled to priority	Value of Collateral \$ 5/, 250, 000			
Amount entitled to priority \$	Amount of arrearage and other charges at time case filed included in			
Specify the priority of the claim	secured claim if any \$ 4,333 33			
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward purchase lease or rental of property or services for personal family or household use -11 U S C § 507(a)(7)			
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8)			
business whichever is earlier - 11 U S C § 507(a)(4)	Other - Specify applicable paragraph of 11 U S C § 507(a) ( )			
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment			
5 TOTAL AMOUNT OF CLAIM \$ \$ 40	9,000.00 \$ \$ 400.000.00			
AT TIME CASE FILED (unsecured)	(secured) (priority) (Total)			
	pal amount of the claim Attach itemized statement of all interest or additional charges			
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim  7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders, invoices itemized statements of running accounts contracts court judgments mortgages security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary  8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self-addressed envelope and copy of this proof of claim				
The onginal of this completed proof of claim form must be sent by m				
ACCEPTED) so that it is actually received on or before 5 00 pm, preve for each person or entity (including individuals, partnerships, corporate).	aling Pacific time, on November 13, 2006 USE ONLY			
governmental units)	ND OR OVERNIGHT DELIVERY TO CO T 0 6 2006			
BMC Group BMC	ND OR OVERNIGHT DELIVERY TO Group USACM Claims Docketing Center  FILED  OCT 0 6 2006			
P O Box 911 1330	East Franklin Avenue			
Ÿ	gundo CA 90245			
DATE SIGN and print the name and title if any of the credit this claim (attach copy of power of attorney if a				
10/2/2/ Sharon D Roberts	Cobet 1079500488			

Case 06-10725-gwz Doc 9071-3	Entered 09/15/11 15:30	S:21 Page 10 of 11
	PROOF OF CLAIM	Ŭ
		FIESTA OAK VALLEY
Name of Debtor Ca	se Number	FIRSTA VAIC VIVE
USA Commercial Mortgage Company 0	6-10725-LBR	,
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense ansing after the commencement of the case. A "request" for payment of administrative expense may be filed pursuant to 11 U.S.C. § 503  Name of Creditor and Address  11321242038391		IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO MOT HAVE TO FILE A PROOF OF CLAIM THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT
ROUTSIS THALIA P O BOX 4311 INCLINE VILLAGE NV 89450	never received any notices from the bankruptcy court or BMC Group in this case	DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT
Creditor Telephone Number (7) 83/338/	Check box if this address differs from the address on the envelope sent to you by the court.	ONE OF THE DEBTORS.  If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again.  THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies deb	tor S male	
1011/401, 1434, 179	Check here replace or if this claim amen	a previously filed claim dated
1 BASIS FOR CLAIM  Goods sold  Personal injury/wrongful death	etiree benefits as defined in 11 U S	
Services performed Toyon	ages, salanes and compensation (	ill out below) Dther claims against servicer (not for loan belances)
Monay based D Ohay (dansatic but a)	ast four digits of your SS #: 	
	i pula componication to controco poi	(date) (date)
	3 IF COURT JUDGMENT, DATE O	BTAINED
4 CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that be	st describe your claim and state the amou	int of the claim at the time case filed.
UNSECURED NONPRIORITY CLAIM \$ 15,3 75	SECURED CLAIM	
Check this box if a) there is no collateral or lien securing your claim, or h) your		our claim is secured by collateral (including
exceeds the value of the property securing it, or if c) none or only part of your c entitled to priority	iaim is a right of setoff)  Brief description of	collateral
UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is	Real Estate	
entitled to priority	Value of Collateral	\$
Amount entitled to priority \$	Amount of arrearage an	d other charges at time case filed included in
Specify the priority of the claim	secured claim, if any	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2,225* of deposits towe	rd purchase, lease or rental of property or
Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's		household use -11 U S C § 507(a)(7) remmental units - 11 U S C § 507(a)(8)
business whichever is earlier - 11 U S C § 507(a)(4)		graph of 11 USC § 507(a) ()
Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)	* Amounts are subject to adjust	tment on 4/1/07 and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ /5.275 \$	with respect to cases comment	ged on or after the date of adjustment
AT TIME CASE FILED (unsecured)	(Secured)	\$ (2 / 2 / 3 (priority) (Total)
Check this box if claim includes interest or other charges in addition to the pri		nized statement of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been credited 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts, contracts court sudments, mortragues, security expenses.	and deducted for the purpose of managements, such as promissory notes, purc	aking this proof of claim hase orders, hovices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the file	ments are voluminous attach a sur	imarv
The original of this completed proof of claim form must be sent by ACCEPTED) so that it is actually received on or before 5 00 pm, pre for each person or entity (including individuals, partnerships, corpe governmental units)	meniline Dealfa Alexa Nava	40 0000
BY MAIL TO- BMC Group	HAND OR OVERNIGHT DELIVERY TO C Group	FILED NOV 1 0 200
Attn USACM Claims Docketing Center Attr	USACM Claims Docketing Center	1.225 1.31 1.0 2001
133	C East Franklin Avenue Segundo CA 90245	
DATE SIGN and print the name and title if any of the cre this claim (altech copy of power of automey)	ditor or other person authorized to file	
	if any)	USA CMC
Penelly to a series to the ser	u/u-	1072501253

	3 <u>b</u> #1	ered 09/15/14-15	:36:21 Pao	₽ 11 0f 11
Case 00-10725-ibit Clair	"PRO	OOF OF CLAIM	3621 Page 189	0
Name of Debtor	Case Nu	ımber		
USA Commercial Mortgage Company	06-10	725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy	IF YOU ARE ON	LY OWED MONEY BY A BORROWER S BEING SERVICED BY THE
Name of Creditor and Address  11321242038486  SASS, CHARLES 250 RIVER FRONT DRIVE RENO NV 89523	6	statement giving particulars  Check box if you have never received any notices from the bankruptcy court o BMC Group in this case  Check box if this addrediffers from the address on envelope sent to you by the court	DEBTORS YOU OF CLAIM THIS BORROWER HE  DO NOT FILE TH SECURED INTER ONE OF THE DE if you have air Bankruptcy Court	DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
Creditor Telephone Number ( )  Last four digits of account or other number by which creditor identifies of	debtor		THIS SPAC	E IS FOR COURT USE ONLY
	uebloi	office flere	places or a previously nends	filed claim dated
1 BASIS FOR CLAIM	Retiree I	penefits as defined in 11 L	JSC § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries and compensation and compensations and compensations are said as a said and compensations.	on (fill out below)	Other claims against service (not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	compensation for services	performed from	to (date) (date)
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DAT	E OBTAINED	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descr	ibe your claim and state the a	mount of the claim at	the time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of yo	your claim our claim is	Check this box a right of setoff)		red by collateral (including
entitled to priority UNSECURED PRIORITY CLAIM		Brief description	n of collateral	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate  Value of Collate	Motor Vehicle	Other
Amount entitled to priority \$			e and other charges	at time case filed included in
Specify the priority of the claim  Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)				
Wages salaries or commissions (up to \$10 000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	 	Up to \$2 225* of deposits to services for personal familifaxes or penalties owed to	ly or household use -1	1 U S C § 507(a)(7)
business whichever is earlier 11 U S C § 507(a)(4)	F	Other - Specify applicable		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	_	* Amounts are subject to a	djustment on 4/1/07 ai	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$	~1	with respect to cases comi	menced on or after the	
AT TIME CASE FILED		<i>200</i> \$		_\$ <u>50,000</u>
(unsecured)  Check this box if claim includes interest or other charges in addition to the	•	secured) amount of the claim Attach	( priority) i itemized statement c	(Total)  of all interest or additional charges
6 CREBITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts, contracts, court judgments, mortgages, security a DOCUMENTS If the documents are not available, explain If the di	<i>iments,</i> su agreement	uch as promissory notes, p s, and evidence of perfect	ourchase orders, inv	oices itemized statements of
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim				l envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, c governmental units)	. prevailin	g Pacific time, on Nover	nber 13. 2006	THIS SPACE FOR COURT USE ONLY
BY MAIL TO		OR OVERNIGHT DELIVERY	то	
Attn USACM Claims Docketing Center	Attn USA	up ،CM Claims Docketing Ce	nter	
P O Box 911	1330 Eas	t Franklin Avenue do, CA 90245		
DATE SIGN and print the name and title if any of the			le	
4-13-06 De Charle O de constante de la constan	ney If any)	•		